

THIS SPACE IS FOR
COURT USE ONLY

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
In re (Name of Debtor) <u>Southern</u> District of <u>Texas (Houston)</u>		Case Number: <u>00-35078-H2-11</u>
Name of Creditor: (The person or other entity to whom the debtor owes money or property) <u>Stage Stores Inc.</u>		<div><input type="checkbox"/> Check box if you have NEVER received any notices from the Bankruptcy Court in this case.</div> <div><input type="checkbox"/> Check box if you CHANGED any of the pre-printed address so that it now differs from the address on the envelope sent to you by the court.</div> <div><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</div>
NAME AND ADDRESS WHERE NOTICES SHOULD BE SENT (NOTE: STRIKE any pre-printed text that is incorrect AND type or print correct information): Safety - Kleen Corporation Attn: Carol Russell 2nd Floor Post Office Box 11393 Columbia, South Carolina 29211		
Creditor's Telephone No.: <u>803-933-4264</u>		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>See Invoices</u>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
<div>1. BASIS FOR CLAIM:<div><input type="checkbox"/> Goods sold</div><div><input checked="" type="checkbox"/> Services performed</div><div><input type="checkbox"/> Money loaned</div><div><input type="checkbox"/> Personal injury/wrongful death</div><div><input type="checkbox"/> Taxes</div><div><input type="checkbox"/> Other (describe briefly):</div></div> <div><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</div> <div><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<div>Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)</div></div>		

UNITED STATES COURTS
SOUTHERN DISTRICT OF TEXAS
FILED

JUL 03 2000 AM

Michael N. Milby, Clerk

PENALTY for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571.

1057

ARBZ C112

OPEN INVOICE DISPLAY

2000-06-28 PC

10.41.36

CUSTOMER 0002-1176-12 LOC 619401 ENTER CUSTOMER NUMBER.

STAGE STORES, INC.

ACTIVE 03/03/1999

BILL TO 0002-1176-12

ATTN: JAMES SOLOMON

CREDIT CD D

506 BEALL BLVD.

JACKSONVILLE

TX 75766

TOT FIN CHG

OVR 45

OVR 60

903-589-5618

0.00

103.05

103.05

AGE INVOICE #

INV DT

PAYMT DT

INVOICE

TAX

PAYMENT

BALANCE

241 F99100

10/31/99

1.03

1.03

272 F99090

09/30/99

1.01

1.01

302 F99080

08/31/99

1.01

1.01

333 F99070

07/31/99

1.00

1.00

407 M79178

05/18/99

99.00

99.00

0-30

31-60

61-90

91-120

121-180

OVER 180

TOTAL DUE

0.00

0.00

0.00

0.00

0.00

103.05

103.05

\$\$0012I INQUIRY COMPLETE

PF1=HELP, PF2=PREV, PF3=EXIT, PF5=REFSH, PF7=BWD, PF8=FWD, PF10=PRVCUST, PF11=NXTCUST

PF12=DOCUMENT NUM, PF18=NEW HIST, PF19=OLD HIST

99.00

ARBZ C112

OPEN INVOICE DISPLAY

2000-06-28 PC

10.28.57

CUSTOMER 0002-0889-48 LOC 619401 ENTER CUSTOMER NUMBER.

STAGE STORES, INC.

ACTIVE 01/12/1999

BILL TO 0002-0889-48

506 BEALL BLVD.

CREDIT CD H

ATTN: JAMES SOLOMON

JACKSONVILLE

TX 75766

TOT FIN CHG

OVR 45

OVR 60

903-589-5618

0.00

3101.97

3101.97

AGE INVOICE #

INV DT

PAYMT DT

INVOICE

TAX

PAYMENT

BALANCE

12	12868378	06/16/00		618.00			618.00
42	12540240	05/17/00		122.86			122.86
42	12540239	05/17/00		632.00			632.00
241	F99100	10/31/99		29.34			29.34
245	M69261	10/27/99	11/28/99	294.00		36.75-	257.25
272	F99090	09/30/99		27.61			27.61
302	F99080	08/31/99		27.61			27.61
333	F99070	07/31/99		27.34			27.34
364	F99060	06/30/99		28.22			28.22
407	767555	05/18/99		2704.60			2704.60
0-30	31-60	61-90	91-120	121-180	OVER 180		TOTAL DUE
618.00	754.86	0.00	0.00	0.00	3101.97		4474.83

\$\$0012I INQUIRY COMPLETE

PF1=HELP, PF2=PREV, PF3=EXIT, PF5=REFSH, PF7=BWD, PF8=FWD, PF10=PRVCUST, PF11=NXTCUST

PF12=DOCUMENT NUM, PF18=NEW HIST, PF19=OLD HIST

3712.71

ARBZ C112

OPEN INVOICE DISPLAY

2000-06-28 PC
10.26.15

CUSTOMER 0002-2281-35 LOC 619401 ENTER CUSTOMER NUMBER.

STAGE STORES

ACTIVE 09/10/1999

BILL TO 0002-2281-35

506 VEALL BLVD

CREDIT CD E

JACKSONVILLE

TX 75766

TOT FIN CHG

OVR 45

OVR 60

903-589-5618

0.00

324.30

618.30

AGE INVOICE #

INV DT

PAYMT DT

INVOICE

TAX

PAYMENT

BALANCE

96 11891930 03/24/00

853.44

235.14-

618.30

198 OA-M69261 12/13/99 12/13/99

294.00-

294.00-

0-30

31-60

61-90

91-120

121-180

OVER 180

TOTAL DUE

0.00

0.00

0.00

618.30

0.00

294.00-

324.30

\$\$0012I INQUIRY COMPLETE

PF1=HELP, PF2=PREV, PF3=EXIT, PF5=RFSH, PF7=BWD, PF8=FWD, PF10=PRVCUST, PF11=NXTCUST

PF12=DOCUMENT NUM, PF18=NEW HIST, PF19=OLD HIST

324.30